To: Prospective Applicants for an Industrial Wastewater Discharge Permit

Attached is an **Industrial Wastewater Discharge Permit Application, IND,** for a Louisiana Pollutant Discharge Elimination System (LPDES) permit, authorized under EPA's delegated NPDES program in accordance with the Clean Water Act. To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

In accordance with LAC 33:2501.D.2, all permittees with currently effective permits shall submit a new application at least 180 days before the expiration date of the existing permit.

Applicable fees (draft and annual) will be sent under separate invoices. DO NOT submit fees with this application.

Your **completed application**, with a marked **U.S.G.S. Quadrangle map** or equivalent (Refer to Section VI.B for examples) attached, should be submitted to:

Mailing Address:
Department of Environmental Quality
Office of Environmental Services
Post Office Box 4313
Baton Rouge, LA 70821-4313
Attention: Water Permits Division

Physical Address: (if hand delivered)
Department of Environmental Quality
Office of Environmental Services
602 N. Fifth Street
Baton Rouge, LA 70802
Attention: Water Permits Division

Please be advised that completion of this application may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD
Office of Highways
Post Office Box 94245
Baton Rouge, LA 70804-9245
(225) 379-1927

AND

Louisiana DHH
Office of Public Health
Center for Environmental Health Services
P.O. Box 4489
Baton Rouge, LA 70821-4489
(225) 342-7395

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx#Title33 or by contacting the Office of Environmental Assessment, Regulations Development Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.

For questions regarding this application, please contact the Water Permits Division at (225) 219-3181. For help regarding completion of this application, please contact DEQ, Small Business/ Small Community Assistance at 1-800-259-2890.

Date _____

Agency Interest No. AI _____

LWDPS Permit No. WP _____

NPDES/LPDES Permit LA _____

Please check all that apply:

- ☐ Initial/Proposed Permit
- ☐ Permit Modification
- ☐ Permit Renewal
- ☐ Existing Facility

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services, Water Permits Division
Post Office Box 4313
Baton Rouge, La 70821-4313
PHONE#: (225) 219-3181

LPDES PERMIT APPLICATION TO DISCHARGE WASTEWATER FROM INDUSTRIAL FACILITIES

(Attach additional pages if needed.)

Application to the Department of Environmental Quality (DEQ) may alternately be submitted on the following:

1. Appropriate EPA National Pollutant Discharge Elimination System (NPDES) Application:
   Form 1 and any of the following appropriate forms: Form 2B, Form 2C, Form 2D, Form 2E, or Form 2F *plus*
   Section IV, Section VIII (if appropriate), *1701 SECTION, & Signatory and Authorization SECTION* of this form (IND)

SECTION I - FACILITY INFORMATION

A. Permit is to be issued to the following: (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant/Owner *(Company, Partnership, Corporation, etc.)* _____

   Facility Name _____

   Mailing Address _____

   _____ Zip Code: _____

   If applicant named above is not also the owner, state owner name, phone # and address.

   _____

   _____

   Please check status: ☐ Federal ☐ State ☐ Parish ☐ Public ☐ Municipal ☐ Private ☐ Other: _____

2. Location of facility. Please provide a specific street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the application is being submitted *(e.g., 602 N. 5th Street).*

   _____

   City _____ Parish _____

   Front Gate Coordinates:

   Latitude- ____deg. ___min. ___sec. Longitude- ____deg. ____ min. ___sec.

   Method of Coordinate Determination: _____
   (Quad Map, Previous Permit, website, GPS)

   Is the facility located on Indian Lands? ☐ Yes ☐ No

SECTION I - FACILITY INFORMATION

3. Name & Title of Contact Person at Facility _____

Phone _____ Fax _____ e-mail _____

Facility Federal Tax I.D. _____
nine-digit number

SIC (Standard Industrial Classification) code(s): Primary: ☐ 3rd ☐

2nd ☐ 4th ☐

SIC codes can be obtained from the U.S. Department of Labor internet site at www.osha.gov/oshstats/sicser.html

B. Name and address of the person who completed the application:

Name & Title _____

Company _____

Phone _____ Fax _____ e-mail _____

Address _____

Contact this person for questions regarding the application? ☐ Yes ☐ No

C. Name and address of billing contact:

Name & Title _____

Company _____

Phone _____ Fax _____ e-mail _____

Address _____

D. Facility Information.

1. Facility Type _____ (cannery, petroleum refinery, dairy, etc.)
If concentrated animal feeding operation or aquatic animal production facility, complete EPA Form 2B.

2. Nature of Business. Please provide a brief description.

_____

_____

_____

_____

3. Water Discharge Permit Revision (if applicable): Describe the requested revision(s) to the existing permit.

_____

_____

_____

_____

4. List all permits or construction approvals received or applied for under the following programs: RCRA, UIC, NPDES, PSD, Nonattainment, NESHAPS, Ocean Dumping, Dredge and Fill under Section 404 of the Clean Water Act, other relevant environmental permits.

_____

_____

5. List each source of supply water in gallons per day.

Well Water	☐	Yes	☐	No	Gallons per day _____
City Water	☐	Yes	☐	No	Gallons per day _____
Intake Structure	☐	Yes	☐	No	Gallons per day _____
Other	☐	Yes	☐	No	Gallons per day _____

Is Section 316(b) of the Clean Water Act applicable to your facility? ☐ Yes ☐ No

If **yes**, supply information required in LAC 33:IX.2501.R in an attachment as applicable.

6. Is your source water different from your receiving waters? ☐ Yes ☐ No

If yes, list the name and describe the quality of the source water below (e.g. fresh, brackish, salt, etc.).

_____

7. Is there a surface water intake for domestic drinking water supply located within fifty (50) miles downstream from the point or proposed point of discharge?

☐ Yes ☐ No

E. Facility Operations.

1. Processes used which produce industrial wastewater discharged into waters of the State.

Please explain the operations in your facility in a comprehensive fashion. Include a description of the composition of any boiler blowdown and/or cooling water additives and corrosion inhibitors (include MSDS Sheets as an attachment to the application). If you are a producer of a product, what steps are taken to produce that product, especially those that generate a wastestream? If you are provider of a service, be specific (give quantitative values where possible, i.e. a physical measure of the amount of business you do in an average day, week, or month) about what the service is, how it is provided, and how it generates wastewater. Attach extra sheets if space below is insufficient. If appropriate, make processes coincide with sources identified in Section II.

_____

_____

_____

_____

_____

_____

_____

2. Products/Services.

_____

_____

_____

_____

_____

_____

SECTION I - FACILITY INFORMATION

3. Raw Materials.

4. Guideline/Production.
If an effluent guideline applies to the applicant and is expressed in terms of production (or other measure of operation), a reasonable measure of the applicant's actual production for each product reported in pounds per day, or other applicable units, is necessary.

Provide the highest monthly average production rate of the previous year. If this would not be representative of your normal production rate, provide total annual production rates from the previous 5 years.

If planning to increase the rate of production at this facility, please provide the current production rate, the anticipated rate and the planned date for increased production.

Current Production Rate: _____

Proposed Production Rate: _____

Date Proposed Production Rate Began/Will Begin: _____

Affected Outfall	Guideline Citation	Subpart and Fraction of Total Production	Production Rate in lbs/day
EXAMPLE 1 Outfall 001	*40 CFR 414*	*Subpart G = 72%, Subpart H = 28%*	
EXAMPLE 2 Outfall 001	*40 CFR 430*	*Subpart C = 30%, Subpart J = 70%*	*Subpart C = 3,000 lbs/day Subpart J = 7,000 lbs/day*

If your facility is classified as a Petroleum Refinery and falls within the Federal Guidelines cited under 40 CFR 419, refer to Attachment A.

5. Zebra Mussels.
   Describe any treatment employed or planned at the facility to eliminate/combat zebra mussel incursion.

6. Do you have any alternate methods of wastewater disposal other than discharge (e.g. deep well injection, land application, etc.)?
   ☐ Yes ☐ No
   If yes, please describe and list percent or fraction of wastewater.

F. Facility History

1. Anticipated date or original date of startup or change in operations.
2. When did, or will, present operations start?
3. If applicable, what previous operations were located at the site and what was the name of the facility?
4. If this is new construction, describe the site property prior to construction.
   (e.g., was it undisturbed or was there a previous structure on that site?)
5. If this is new construction, what date was or will the facility be completed?

SECTION II – DISCHARGE INFORMATION

A. Primary Industrial Category. Please check the primary industrial category applicable to your facility.

☑	Primary Industry Category	Volatile	Acid	Base/Neutral	Pesticide/PCB
	Adhesives and Sealant	×	×	×	
	Aluminum Forming	×	×	×	
	Auto and Other Laundries	×	×	×	×
	Battery Manufacturing	×		×	
	Coal Mining				
	Coil Coating	×	×	×	
	Copper Forming	×	×	×	
	Electrical and Electronic Components	×	×	×	×
	Electroplating	×	×	×	
	Explosives Manufacturing		×	×	
	Foundries	×	×	×	
	Gum and Wood Chemicals (EXCEPT Subparts D&F)	×	×		
	Gum and Wood Chemicals (Subparts D&F)	×	×	×	
	Inorganic Chemicals Manufacturing	×	×	×	
	Iron and Steel Manufacturing	×	×	×	
	Leather Tanning and Finishing	×	×	×	
	Mechanical Products Manufacturing	×	×	×	
	Nonferrous Metals Manufacturing	×	×	×	×
	Ore Mining (Subpart B ONLY)		×		
	Organic Chemicals Manufacturing	×	×	×	×
	Paint and Ink Formulation	×	×	×	
	Pesticides	×	×	×	×
	Petroleum Refining	×			
	Pharmaceutical Preparations	×	×	×	
	Photographic Equipment and Supplies	×	×	×	
	Plastic and Synthetic Materials Manufacturing	×	×	×	×
	Plastics Processing	×			
	Porcelain Enameling				
	Printing and Publishing	×	×	×	×
	Pulp and Paper Mills (*1)				
	Rubber Processing	×	×	×	
	Soap and Detergent Manufacturing	×	×	×	
	Steam Electric Power Plants	×	×		
	Textile Mills (Subpart C EXEMPT from this table)	×	×	×	
	Timber Products Processing	×	×	×	×

(*1) Requirements have been affected by a suspension from EPA; therefore, use Table I.A located at LAC 33:IX.7107 to determine applicability.

☐ **Check here if none of the Primary Industrial Categories above are applicable to your facility.**

SECTION II – DISCHARGE INFORMATION

B. Outfall Identification.

Provide a description of all wastestreams contributing to the effluent for each outfall including process wastewater, sanitary wastewater, cooling water, stormwater runoff, and washdown water, etc. and the average flow contributed by each operation. For facilities not currently operating, please provide this information using your best engineering judgment.

Outfall Number	Outfall Description (List all wastestreams contributing to flow)	Treatment Description	Long Term Average Flow (*) in MGD	Maximum 30-Day Flow (**) in MGD

* Long Term Average Flow – The sum of all of the monthly average values measured over the previous two years divided by the number of monthly average values measured within the same period.

** Maximum 30 day Flow - The maximum monthly average value is the highest value of all the monthly averages over the previous two years.

SECTION II – DISCHARGE INFORMATION

C. Complete this section for each outfall (including internal outfalls) that contains process wastewater.

Process Wastewater is any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product.

Outfalls are discharge points. An external outfall is a discrete discharge point beyond which the wastestream receives no further mixing with other wastestreams prior to discharging into a receiving waterbody. An internal outfall is an outfall for a wastestream that combines with other wastestream(s) before discharging into an "external" outfall. **Please provide your after-treatment test results in the units asked for on the application. Sampling shall be performed prior to mixing with any other waters.** For proposed facilities, estimates should be provided for any expected contaminants even though the facility is not in place yet. **Make additional copies for each process outfall.**

1. Outfall No. _____

2. Outfall Location. Provide a description of the physical location for each outfall.
   (e.g., At the point of discharge from the treatment facility located on the southwest corner of the facility, prior to commingling with any other waters.)

   _____

   _____

3. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____
   (Quad Map, Previous Permit, website, GPS)

4. If a new discharge, when do you expect to begin discharging? _____

5. Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available. See Section VII.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(lake, river, etc.).

6. Frequency of flow (check 1 box only).

   ☐ Continuous ☐ Batch ☐ Intermittent

   If this is not a continuous discharge, please give a detailed description of the frequency of flow. *(e.g., number of months per year, number of days per week, number of hours per day, number of hours of discharge per batch, number of batches per day, etc.).*

   _____

   _____

7. Treatment Method. Please be very specific (attach additional pages as necessary).

   _____

   _____

   _____

SECTION II – DISCHARGE INFORMATION

D. Complete this section for each outfall (including internal outfalls) that contains <u>non-process and miscellaneous wastewaters</u>.

Non-process and miscellaneous wastewaters are wastewaters that do not include process wastewaters as defined in the definition section of LAC 33:IX.2313.A [e.g. hydrostatic test water, eye wash, safety shower water, condensates, stormwater (only if mixed with other waters), etc.]. Outfalls are discharge points. An external outfall is a discrete discharge point beyond which the wastestream receives no further mixing with other wastestreams prior to discharging into a receiving waterbody. An internal outfall is an outfall for a wastestream that combines with other wastestream(s) before discharging into an "external" outfall. **Please provide your after-treatment test results in the units asked for on the application. Sampling shall be performed prior to mixing with any other waters.** For proposed facilities, estimates should be provided for any expected contaminants even though the facility is not in place yet. **Make additional copies for each non-process and miscellaneous outfall.**

1. Outfall No. _____

2. Outfall Location. Provide a description of the physical location for each outfall.
   (e.g., At the point of discharge from the treatment facility located on the southwest corner of the facility, prior to commingling with any other waters.)

   _____

   _____

3. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude- _____deg. _____ min. _____sec.

   Method of Coordinate Determination: _____
   (Quad Map, Previous Permit, website, GPS)

4. If a new discharge, when do you expect to begin discharging? _____

5. Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available. See Section VII.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(lake, river, etc.).

6. Frequency of flow (check 1 box only).

   ☐ Continuous ☐ Batch ☐ Intermittent

   If this is not a continuous discharge, please give a detailed description of the frequency of flow. *(e.g., number of months per year, number of days per week, number of hours per day, number of hours of discharge per batch, number of batches per day, etc.).*

   _____

7. Treatment Method. Please be specific.

   _____

   _____

SECTION II – DISCHARGE INFORMATION

E. Complete this section for each outfall (including internal outfalls) that contains <u>sanitary wastewaters</u>.

Sanitary wastewaters are wastewaters that include human metabolic and domestic wastes.

Outfalls are discharge points. An external outfall is a discrete discharge point beyond which the wastestream receives no further mixing with other wastestreams prior to discharging into a receiving waterbody. An internal outfall is an outfall for a wastestream that combines with other wastestream(s) before discharging into an "external" outfall. **Please provide your after-treatment test results in the units asked for on the application. Sampling shall be performed prior to mixing with any other waters.** For proposed facilities, estimates should be provided for any expected contaminants even though the facility is not in place yet. **Make additional copies for each sanitary outfall.**

1. Outfall No. _____

2. Outfall Location. Provide a description of the physical location for each outfall.
   (e.g., At the point of discharge from the treatment facility located on the southwest corner of the facility, prior to commingling with any other waters.)

   _____

   _____

3. Latitude/Longitude of Discharge:

   Latitude- ____deg. ___min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____
   (Quad Map, Previous Permit, website, GPS)

4. If a new discharge, when do you expect to begin discharging? _____

5. Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available. See Section VII.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(lake, river, etc.).

6. Frequency of flow (check 1 box only).

   ☐ Continuous ☐ Batch ☐ Intermittent

   If this is not a continuous discharge, please give a detailed description of the frequency of flow. *(e.g., number of months per year, number of days per week, number of hours per day, number of hours of discharge per batch, number of batches per day, etc.).*

   _____

7. Treatment Method. Please be specific.

   _____

8. Design Capacity. Report in gallons per day.

   _____GPD

9. Is sanitary wastewater land applied or sent to a sanitary drainage field?

   ☐ Yes ☐ No

SECTION II – DISCHARGE INFORMATION

F. Complete this section for each outfall that contains <u>stormwater runoff ONLY</u>. Do NOT include stormwater outfalls covered by an alternate LPDES permit.
Outfalls are discharge points. **Please provide your after-treatment test results in the units asked for on the application. Sampling shall be performed prior to mixing with any other waters.** For proposed facilities, estimates should be provided for any expected contaminants even though the facility is not in place yet. **Make additional copies for each stormwater outfall.**

1. Outfall No. _____
2. Outfall Location. Provide a description of the physical location for each outfall.
   (e.g., At the point of discharge from the treatment facility located on the southwest corner of the facility, prior to commingling with any other waters.)

   _____

   _____
3. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-_____deg. _____ min. ____sec.

   Method of Coordinate Determination: _____
   (Quad Map, Previous Permit, website, GPS)
4. If a new discharge, when do you expect to begin discharging? _____
5. Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available. See Section VII.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(lake, river, etc.).

6. Treatment Method (if any). Please be specific.

   _____
7. Storm Event Data.
   This question must be completed for each stormwater outfall containing analytical data for a storm event. Please make additional copies as necessary.

   a. Outfall Number: _____
   b. Date of Storm Event: _____
   c. Duration of Storm Event (in minutes): _____minutes.
   d. Total Rain During Storm Event (in Inches) _____inches.
   e. Number of hours between beginning of storm measured and end of previous measurable rain event: _____hours.
   f. Maximum Flow Rate During Rain Event: _____gallons/minute.
   g. Total Storm Water Flow from Rain Event: _____gallons.
   h. Provide a description of the method of flow measurement or estimate.

      _____

SECTION II – DISCHARGE INFORMATION

G. Additional Information for Stormwater Outfalls

1. Outfall Number _____

2. Acreage
For all outfalls that convey storm water only or that include storm water combined with other waste steams, give the area drained by the outfall in acreage, extent of impervious surfaces (paved areas, rooftops), and describe the activities that occur in that area.

3. List of Stored Chemicals and Products
List all chemicals and petroleum products stored outside and provide a description of the containment area.

4. Significant Materials
Describe all significant materials that are currently or have in the past three years been treated, stored, or disposed of in a manner to allow exposure to storm water. List the method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with stormwater runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

5. History of Leaks and Spills
Provide information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak and the type and amount of material released.

6. Non-Stormwater Discharge Determination
Describe the evaluation method(s) for determining the presence of non-storm water discharges in storm water outfalls named in this application. For any storm water outfall covered by this application, the signature on page 37 constitutes certification that the outfalls have been tested or evaluated for the presence of non-stormwater discharges, and that all non-stormwater discharges from these outfall(s) are identified in this application. Refer to LAC 33:IX.2511.C.1.a.iii.

H. Alternate Permit Information

1. Are storm water discharges covered by the Multi-Sector Storm Water General Permit?
☐ Yes ☐ No
If **yes**, provide the permit number: _____

2. Does this facility have a Stormwater Pollution Prevention Plan (SWPPP)?
☐ Yes ☐ No

SECTION III – LABORATORY ANALYSIS

A. Lab Analysis.

Complete this section for **each** outfall. Make additional copies of the attached tables as necessary.

Sampling and analytical protocols must conform to the requirements in LAC 33:IX.Chapters 25, LAC 33:IX.7107, and 40 CFR Part 136. When no analytical method is approved, the applicant may use any suitable method but must provide a description of the method.

Analytical Tables Attached in this Application

I Conventional and Nonconventional Pollutants
II Other Toxic Pollutants (Metals and Cyanide) and Total Phenols
III Organic Toxic Pollutants in Each of the Four Fractions in Analysis by Gas Chromatography/Mass Spectroscopy (GS/MS)
IV Additional Conventional and Nonconventional Pollutants
V Toxic Pollutants and Hazardous Substances
VI Dioxins
VII Other (as Needed)

Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

Are you requesting a waiver for any Table I parameters in accordance with LAC 33:IX.2501.G.7.d?

☐ Yes ☐ No

If you are requesting a waiver, please provide a list of parameters and the justification for each.

SECTION III – LABORATORY ANALYSIS

Analytical Requirements Per LAC 33:IX.2501.G.7 and LAC 33:IX.2511.C.1

For all wastestreams excluding stormwater: Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform, and fecal streptococcus. For all other pollutants 24-hour composite samples must be used.

For stormwater: Grab sample taken in first 30 minutes of flow for all parameters. Additionally, composite samples are required for all parameters except: pH, temperature, cyanide, total phenols, oil & grease, fecal coliform and fecal streptococcus. Indicate grab sample or composite on each table. Make additional copies as needed.

B. Manufacturing, Commercial, Mining, and Silvicultural Facilities With Operations Included on the Primary Industrial Category List Located at Section II.A

N/A is only acceptable if this outfall is associated with a new unit or has not discharged in the past year.

1. Outfalls Containing Process Wastewater **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**
   a. Tables I & II – Quantitative data is **REQUIRED** for **ALL** Pollutants in these tables.
   b. Table III - Quantitative data is **REQUIRED** for **ALL** Pollutants under the appropriate fractions as listed in the table under Section II.A.
   c. Tables IV & VI – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in these tables are present. If believed present, then quantitative data is required to be submitted.
   d. Table V – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, you must briefly describe the reasons the pollutant is expected to be discharged and you must report any quantitative data available.
   e. Table VII – Not Required

2. Outfalls Containing Non-Process and Miscellaneous Discharges That Are Not Commingled with Stormwater Runoff **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**
   a. Table I – Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV - Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, then quantitative data is required to be submitted.
   c. Tables II, III, V, VI, & VII – Not Required

3. Outfalls Containing Sanitary Wastewater **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**
   a. Table I - Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV – Quantitative data is Required for Fecal Coliform.
   c. Tables II, III, V, VI, & VII – Not Required

4. Outfalls Containing Stormwater Runoff, Including Those Outfalls Mixed With Other Non-Process Wastewaters and/or Miscellaneous Discharges **(N/A is only acceptable if a qualifying rain event has not occurred timely. However, you will be required to supply this data after the first qualifying rain event.)**
   a. Tables I – Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV - Quantitative data is Required for Total Phosphorus, Total Kjeldahl Nitrogen, and Nitrate-Nitrite. Additionally, the permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, then quantitative data is required to be submitted.
   c. Tables II, III, & VI – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in these tables are present. If believed present, then quantitative data is required to be submitted.
   d. Table V – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, you must briefly describe the reasons the pollutant is expected to be discharged and you must report any quantitative data available.
   e. Table VII – As Needed (*)

      (*) The permittee is required to submit quantitative data for any pollutant limited in an effluent guideline to which the facility is subject and/or any pollutant listed in the facility's LPDES permit for its process wastewater (if operating under an existing permit) and not already listed in Tables I-VI.

SECTION III – LABORATORY ANALYSIS

Analytical Requirements Per LAC 33:IX.2501.H.4 and LAC 33:IX.2511.C.1

For all wastestreams excluding stormwater: Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform, and fecal streptococcus. For all other pollutants 24-hour composite samples must be used.

For stormwater: Grab sample taken in first 30 minutes of flow for all parameters. Additionally, composite samples are required for all parameters except: pH, temperature, cyanide, total phenols, oil & grease, fecal coliform and fecal streptococcus. Indicate grab sample or composite on each table. Make additional copies as needed.

C. Existing Manufacturing, Commercial, Mining, and Silvicultural Facilities That DO NOT Have 1 or More Operations Identified in the Primary Industrial Category List Located at Section II.A

1. Outfalls Containing Process Wastewater **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**
   a. Table I - Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Tables II, III, IV, & VI – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in these tables are present. If believed present, then quantitative data is required to be submitted.
   c. Table V – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, you must briefly describe the reasons the pollutant is expected to be discharged and you must report any quantitative data available.
   d. Table VII – Not Required

2. Outfalls Containing Non-Process and Miscellaneous Discharges That Are Not Commingled with Stormwater Runoff **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**
   a. Table I - Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV - Quantitative data is Required for Total Residual Chlorine (if noncontact cooling water is or will be discharged). Permittee must also indicate whether it knows or has reason to believe that any of the other pollutants in this table are present. If believed present, then quantitative data is required to be submitted.
   c. Tables II, III, V, VI, & VII – Not Required

3. Outfalls Containing Sanitary Wastewater **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**
   a. Table I - Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV - Quantitative data is Required for Fecal Coliform.
   c. Tables II, III, V, VI, & VII – Not Required

4. Outfalls Containing Stormwater Runoff, Including Those Outfalls Mixed With Other Non-Process Wastewaters and/or Miscellaneous Discharges **(N/A is only acceptable if a qualifying rain event has not occurred timely. However, you will be required to supply this data after the first qualifying rain event.)**
   a. Table I - Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV - Quantitative data is Required for Total Phosphorus, Total Kjeldahl Nitrogen, Nitrate-Nitrite, and Total Residual Chlorine (if noncontact cooling water is or will be discharged). Additionally, the permittee must indicate whether it knows or has reason to believe that any of the other pollutants in this table are present. If believed present, then quantitative data is required to be submitted.
   c. Tables II, III, & VI – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in these tables are present. If believed present, then quantitative data is required to be submitted.
   d. Table V – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, you must briefly describe the reasons the pollutant is expected to be discharged and you must report any quantitative data available.
   e. Table VII – As Needed (*)
      (*) The permittee is required to submit quantitative data for any pollutant limited in an effluent guideline to which the facility is subject and/or any pollutant listed in the facility's LPDES permit for its process wastewater (if operating under an existing permit) and not already included in Tables I-VI.

SECTION III – LABORATORY ANALYSIS

D. New Source Discharger - Manufacturing, Commercial, Mining, and Silvicultural Facilities That DO NOT Have 1 or More Operations Identified in the Primary Industrial Category List Located at Section II.A

For all wastestreams excluding stormwater: Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform, and fecal streptococcus. For all other pollutants 24-hour composite samples must be used.

For stormwater: Grab sample taken in first 30 minutes of flow for all parameters. Additionally, composite samples are required for all parameters except: pH, temperature, cyanide, total phenols, oil & grease, fecal coliform and fecal streptococcus. Indicate grab sample or composite on each table. Make additional copies as needed.

ALL OUTFALLS

a. Table I - Quantitative data or estimated data using Best Engineering Judgment is **REQUIRED** for **ALL** Pollutants in this table. If this is not possible, **N/A** is acceptable.
b. Tables II, III, IV, V, VI & VII – Not Required

Additional Information for New Source Dischargers discharging process wastewater.

1. **Engineering Report.**
Are there any technical evaluations concerning your wastewater treatment system, including engineering reports or pilot plant studies?

2. **Similar Operations.**
Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this facility with respect to processes, wastewater constituents, or wastewater treatment.

SECTION III – LABORATORY ANALYSIS

TABLE I:

CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	EFFLUENT ANALYSIS						UNITS	
	MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE			
	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS
BOD_5								
COD								
TOC								
Oil & Grease								
Ammonia (as N)								
Total Suspended Solids (TSS)								
Total Dissolved Solids (TDS)								
Hardness as $CaCo_3$								
Flow	Value		Value		Value			
Temperature (winter) °F	Value		Value		Value		DEGREES FAHRENHEIT	
Temperature (summer) °F	Value		Value		Value		DEGREES FAHRENHEIT	
pH (SU)	Minimum	Maximum	Minimum	Maximum			STANDARD UNITS	

SECTION III – LABORATORY ANALYSIS

TABLE II:

OUTFALL NUMBER

OTHER TOXIC POLLUTANTS (METALS AND CYANIDE) AND TOTAL PHENOLS

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Antimony, Total				60								
Arsenic, Total				10								
Beryllium, Total				0.5								
Cadmium, Total				1								
Chromium, Total				10								
Copper, Total				10								
Lead, Total				5								
Mercury, Total				0.005								
Nickel, Total [Marine]				5								
Nickel, Total [Freshwater]				40								
Selenium, Total				5								
Silver, Total				0.5								
Thallium, Total				0.5								
Zinc, Total				20								
Cyanide, Total				10								
Phenols, Total				5								

(*) Minimum Quantification Level (MQL)

SECTION III – LABORATORY ANALYSIS

TABLE III:

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
VOLATILE ORGANIC CHEMICALS – EPA METHOD 624 SUGGESTED												
acrolein				50								
acrylonitrile				20								
benzene				10								
bromoform				10								
carbon tetrachloride				2								
chlorobenzene				10								
chlorodibromomethane				10								
chloroethane				50								
2-chloroethylvinyl ether				10								
chloroform				10								
dichlorobromomethane				10								
1,1-dichloroethane				10								
1,2-dichloroethane				10								
1,1-dichloroethylene				10								
1,2-dichloropropane				10								
1,3-Dichloropropylene				10								
ethylbenzene				10								
methyl bromide				50								
methyl chloride				50								
methylene chloride				20								
1,1,2,2-tetrachloroethane				10								
tetrachloroethylene				10								
toluene				10								
1,2-trans-dichloroethylene				10								
1,1,1-trichloroethane				10								
1,1,2-trichloroethane				10								
trichloroethene (trichloroethylene)				10								

SECTION III – LABORATORY ANALYSIS

TABLE III:

OUTFALL NUMBER

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
vinyl chloride (chloroethylene)				10								
ACID EXTRACTABLE ORGANIC CHEMICAL – EPA METHOD 625 SUGGESTED												
2-chlorophenol				10								
2,4-dichlorophenol				10								
2,4-dimethylphenol				10								
2,4-dinitrophenol				50								
2-methyl 4,6-dinitrophenol (4,6-dinitro-o-cresol)				50								
2-nitrophenol				20								
4-nitrophenol				50								
4-chloro-3-methylphenol (p-chloro-m-cresol)				10								
pentachlorophenol				5								
phenol				10								
2,4,6-trichlorophenol				10								
BASE/NEUTRAL EXTRACTABLE ORGANIC CHEMICALS – EPA METHOD 625 SUGGESTED												
acenaphthene				10								
acenaphthylene				10								
anthracene				10								
benzidine				50								
benzo(a)anthracene				5								
benzo(a)pyrene				5								
3,4-benzo fluoranthene				10								
benzo(ghi)perylene				20								
benzo(k)fluoranthene				5								
bis(2-chloroethoxy)methane				10								
bis(2-chloroethyl)ether				10								
bis(2-chloroisopropyl)ether				10								
bis(2-ethylhexyl)phthalate				10								
4-bromophenyl phenyl ether				10								

SECTION III – LABORATORY ANALYSIS

TABLE III:

OUTFALL NUMBER

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
butylbenzyl phthalate				10								
2-chloronaphthalene				10								
4-chlorophenyl phenyl ether				10								
chrysene				5								
dibenzo(a,h)anthracene				5								
3,3'-dichlorobenzidine				5								
diethyl phthalate				10								
dimethyl phthalate				10								
di-n-butyl phthalate				10								
2,4-dinitrotoluene				10								
2,6-dinitrotoluene				10								
di-n-octyl phthalate				10								
1,2-diphenylhydrazine (as azobenzene)				20								
fluoranthene				10								
fluorene				10								
hexachlorobenzene				5								
hexachlorobutadiene				10								
hexachlorocyclopentadiene				10								
hexachloroethane				20								
indeno(1,2,3-cd)pyrene				5								
isophorone				10								
naphthalene				10								
nitrobenzene				10								
N-nitrosodimethylamine				50								
N-nitrosodi-n-propylamine				20								
N-nitrosodiphenylamine				20								
phenanthrene				10								
pyrene				10								
1,2,4-trichlorobenzene				10								

SECTION III – LABORATORY ANALYSIS

TABLE III:

OUTFALL NUMBER

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
PESTICIDES & PCBs – EPA METHOD 608 REQUIRED												
aldrin				0.01								
Aroclor 1016 (PCB-1016)				0.2								
Aroclor 1221 (PCB-1221)				0.2								
Aroclor 1232 (PCB-1232)				0.2								
Aroclor 1242 (PCB-1242)				0.2								
Aroclor 1248 (PCB-1248)				0.2								
Aroclor 1254 (PCB-1254)				0.2								
Aroclor 1260 (PCB-1260)				0.2								
alpha-BHC				0.05								
beta-BHC				0.05								
delta-BHC				0.05								
gamma-BHC				0.05								
chlordane				0.2								
4,4'DDT				0.02								
4,4'DDE				0.1								
4,4'DDD				0.1								
dieldrin				0.02								
alpha-endosulfan				0.01								
beta-endosulfan				0.02								
endosulfan sulfate				0.1								
endrin				0.02								
endrin aldehyde				0.1								
heptachlor				0.01								
heptachlor epoxide				0.01								

SECTION III – LABORATORY ANALYSIS

TABLE III:

OUTFALL NUMBER

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Toxaphene				0.3								

(*) Minimum Quantification Level (MQL)

SECTION III – LABORATORY ANALYSIS

TABLE IV:

OUTFALL NUMBER

ADDITIONAL CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS												
Bromide				---								
Chlorine, Total Residual				---								
Color				---								
Fecal Coliform (cols/100ml)				---								
Fluoride				---								
Kjeldahl Nitrogen, Total				---								
Nitrate-Nitrite				---								
Nitrogen, Total Organic				---								
Phosphorus, Total				---								
Radioactivity				---								
Sulfate				---								
Sulfide				---								
Sulfite				---								
Surfactants				---								
Aluminum, Total				---								
Barium, Total				---								
Boron, Total				---								
Cobalt, Total				---								
Iron, Total				---								
Magnesium, Total				---								
Manganese, Total				---								
Molybdenum				---								
Tin, Total				---								
Titanium, Total				---								

(*) Minimum Quantification Level (MQL)

SECTION III – LABORATORY ANALYSIS

TABLE V:

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES												
Asbestos				---								
HAZARDOUS SUBSTANCES												
Acetaldehyde				---								
Allyl alcohol				---								
Allyl chloride				---								
Amyl acetate				---								
Aniline				---								
Benzonitrile				---								
Benzyl chloride				---								
Butyl acetate				---								
Butylamine				---								
Captan				---								
Carbaryl				---								
Carbofuran				---								
Carbon disulfide				---								
Chlorpyrifos				---								
Coumaphos				---								
Cresol				---								
Crotonaldehyde				---								
Cyclohexane				---								
2,4-D (2,4-Dichlorophenoxy acetic acid)				---								
Diazinon				---								
Dicamba				---								
Dichlobenil				---								
Dichlone				---								
2,2-Dichloropropionic acid				---								

SECTION III – LABORATORY ANALYSIS

TABLE V:

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Dichlorvos				---								
Diethyl amine				---								
Dimethyl Amine				---								
Dinitrobenzene				---								
Diquat				---								
Disulfoton				---								
Diuron				---								
Epichlorohydrin				---								
Ethion				---								
Ethylene diamine				---								
Ethylene dibromide				---								
Formaldehyde				---								
Furfural				---								
Guthion				---								
Isoprene				---								
Isopropanolamine Dodecylbenzenesulfonate				---								
Kelthane				---								
Kepone				---								
Malathion				---								
Mercaptodimethur				---								
Methoxychlor				---								
Methyl mercaptan				---								
Methyl methacrylate				---								
Methyl parathion				---								
Mevinphos				---								
Mexacarbate				---								
Monoethyl amine				---								
Monomethyl amine				---								
Naled				---								

SECTION III – LABORATORY ANALYSIS

TABLE V:

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Napthenic acid				---								
Nitrotoluene				---								
Parathion				---								
Phenolsulfanate				---								
Phosgene				---								
Propargite				---								
Propylene oxide				---								
Pyrethrins				---								
Quinoline				---								
Resorcinol				---								
Strontium				---								
Strychnine				---								
Styrene				---								
2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)				---								
TDE (Tetrachlorodiphenylethane)				---								
2,4,5-TP[2-(2,4,5-Trichlorophenoxy) propanoic acid]				---								
Trichlorfon				---								
Triethanolamine Dodecylbenzenesulfonate				---								
Triethylamine				---								
Trimethylamine				---								
Uranium				---								
Vanadium				---								
Vinyl Acetate				---								
Xylene				---								

SECTION III – LABORATORY ANALYSIS

TABLE V:

OUTFALL NUMBER

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Xylenol				---								
Zirconium				---								

(*) Minimum Quantification Level (MQL)

SECTION III – LABORATORY ANALYSIS

TABLE VI:

OUTFALL NUMBER

DIOXINS

YOU ARE REQUIRED TO REPORT QUALITATIVE DATA , GENERATED USING A SCREENING PROCEDURE NOT CALIBRATED WITH ANALYTICAL STANDARDS FOR THE FOLLOWING PARAMETER IF IT USES OR MANUFACTURES 2,4,5-TRICHLOROPHENOXY ACETIC ACID (2,4,5,-T); 2-(2,4,5-TRICHLOROPHENOXY) PROPANOIC ACID (SILVEX, 2,4,5,-TP); 2-(2,4,5 TRICHLOROPHENOXY) ETHYL, 2,2-DICHLOROPROPIONATE (ERBON); O,O-DIMETHYL O-(2,4,5-TRICHLOROPHENYL) PHOSPHOROTHIOATE (RONNEL); 2,4,5-TRICHLOROPHENOL (TCP); or HEXACHLOROPHENE (HCP); OR IF YOU KNOW OR HAVE REASON TO BELIEVE THAT TCDD IS OR MAY BE PRESENT IN AN EFFLUENT

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
2,3,7,8-tetrachlorobenzo-p-dioxin (TCDD)				0.00001								

(*) Minimum Quantification Level (MQL)

SECTION III – LABORATORY ANALYSIS

TABLE VII:

OTHER (AS NEEDED)

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		

(*) Minimum Quantification Level (MQL)

SECTION III – LABORATORY ANALYSIS (cont.)

E. Laboratory Accreditation.

If any of the analysis reported above were performed by a contract lab or consulting firm, provide the firm name, address, phone number and pollutants analyzed.

Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

In the case where effluent testing was completed by an unaccredited laboratory, and where retesting is not possible (i.e. data reported on DMRs for prior month's sampling), the data generated will be considered invalid.

Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have applied for accreditation are available on the department website located at:

http://www.deq.louisiana.gov/portal/tabid/72/Default.aspx

Questions concerning the program may be directed to (225) 219-9800.

F. Additional Data

1. List any toxic materials that the applicant currently uses or manufactures as an intermediate, feedstock, final product, or by-product.

2. List pertinent physical and chemical properties that may be associated with the discharge.
   (e.g., toxic components, taste and odor compounds, heavy metals, etc.)

3. Toxicity Data.

   Attach the summary sheets for any bioassay tests conducted on the effluent from the facility within the last three (3) years.

SECTION IV – COMPLIANCE HISTORY

Report the history of all water violations and enforcement actions for the facility, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant.

Include summary of compliance for **ALL** water permits at this site (e.g. any general permits and individual permits).

Is the permittee currently required to meet any implementation schedule for compliance or enforcement?

☐ Yes ☐ No

If yes, provide a brief summary of the requirements and a status update.

SECTION V – LAC 33.I.1701 REQUIREMENTS

A. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐ Permits in Louisiana. List Permit Numbers: _____
(Include all media)

☐ Permits in other states (list states): _____

☐ No other environmental permits.

B. Do you owe any outstanding fees or final penalties to the Department? ☐ Yes ☐ No

If **yes**, please explain

_____

C. Is your company a corporation or limited liability company? ☐ Yes ☐ No

If **yes**, is the corporation or LLC registered with the Secretary of State? ☐ Yes ☐ No

SECTION VI - OTHER PERMIT HISTORY

Facilities located in the Louisiana Coastal Zone as mapped by the Louisiana Department of Natural Resources (LDNR) (http://sonris.com/direct.asp) must provide verification that the company has either obtained a Coastal Use Permit or is not required to obtain a Coastal Use Permit.

A. Is this facility located in the Louisiana Coastal Zone as mapped by LDNR? ☐ Yes ☐ No

If yes:

B. Do you have a Coastal Use Permit issued by DNR: ☐ Yes ☐ No

If yes, please list your Coastal Use Permit number: _____

C. Are there any operations at the facility that may impact coastal waters such as any project involving dredge or fill, water control structures, bulkheads, oil and gas facilities, marina or residential development?

☐ Yes ☐ No

If **yes**, you must contact DNR for a determination (888) 792-0432 or HelpDeskDNR@la.gov.

I have contacted LDNR and this facility is not required to obtain a Coastal Use Permit. ☐

If a Coastal Use permit is required, an application was submitted on: _____

SECTION VII – MAPS/DIAGRAMS

A. Site Diagram

Attach to this application a complete site diagram of your facility demonstrating how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Indicate stormwater flow pattern on this diagram or provide additional diagrams if needed. Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram.

B. Topographic Map

Attach to this application a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the front gate, all outfalls, and area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures, any existing hazardous waste treatment storage or disposal facilities, each well where fluids from the facility are injected underground, and those wells, springs, other surface waterbodies, and drinking water wells listed in public records or otherwise known to the applicant.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at www.map.ldeq.org or www.topozone.com. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road
Baton Rouge, LA 70804-9245
(225) 379-1232

maps@dotd.louisiana.gov

C. Block type water flow diagram

Attach a block type flow diagram for the complete facility including treatment of each discharge. The flow used in this diagram should reflect the flow used in the Section II.C Outfall Identification page and should balance fully. This diagram shall show intake/water source contributions, processes, treatments, losses, final discharge, etc. The water balance must show average and maximum 30-day flows at intake and discharge points and between units, including treatment units. If flow-based guidelines are applicable to your facility, each contributing wastestream shall be identified in its own block. See Attachment B for an example flow diagram. Hand drawn maps are acceptable.

If a water balance cannot be determined, the applicant may provide instead a pictorial description of the nature and amount of any sources of water and any collection and treatment measures.

SECTION VIII – ENVIRONMENTAL IMPACT QUESTIONNAIRE

Those applicants that are **(1) major new facilities or (2) existing major facilities applying for a substantial modification** to their permit must complete this questionnaire.

There is no requirement that the information furnished in response to this questionnaire be certified by a professional engineer or other expert. However, simple **"yes"** or **"no"** answers **will not be acceptable**. A measured response should be given for each question posed, taking into consideration appropriate factors such as: the environmental sensitivity of the area, both for the proposed site and alternative sites; impacts on the economy of the area, both favorable and unfavorable; availability of raw materials, fuels and transportation and the impact of potential sites on their availability and economics; relationship of the facility to other facilities, either within or independent of the company, and the effects of location on these relationships; and other factors which may be appropriate on a case-by-case basis. **(Attach any additional pages if needed.)**

1. Have the potential and real adverse environmental effects of the proposed facility been avoided to the maximum extent possible?

2. Does a cost benefit analysis of the environmental-impact costs balanced against the social and economic benefits of the proposed facility demonstrate that the latter outweighs the former?

3. Are there alternative projects which would offer more protection to the environment than the proposed facility without unduly curtailing nonenvironmental benefits?

4. Are there alternative sites which would offer more protection to the environment than the proposed facility site without unduly curtailing nonenvironmental benefits?

5. Are there mitigating measures which would offer more protection to the environment than the facility as proposed without unduly curtailing nonenvironmental benefits?

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503.B, the following requirements shall apply to the signatory page in this application:

Chapter 25. Permit Application and Special LPDES Program Requirements

2503. Signatories to permit applications and reports

A. All permit applications shall be signed as follows:

1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:

(a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or

(b) The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or

3. For a municipality, parish, State, Federal or other public agency - either a principal executive officer or ranking elected official. For the purposes of this Section a principal executive officer of a Federal agency includes:

(a) The chief executive officer of the agency, or

(b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).

B. All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in LAC 33:IX.2503.A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:

1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.

2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and

3. The written authorization is submitted to the state administrative authority.

C. Changes to authorization. If an authorization under LAC 33:IX.2503.B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.

D. Any person signing any document under LAC 33:IX.2503.A or B shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state permit application must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certification:

> "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

The applicant for this permit hereby authorizes the Department of Environmental Quality to publish the public notice for a draft permit once in the appropriate newspaper(s). In accordance with LAC 33:IX.6521.A, the applicant agrees to be responsible for the cost of publication. The newspaper(s) is authorized to invoice the applicant directly.

Signature _____

Printed Name _____

Title _____

Date _____

Telephone _____

CHECKLIST

To prevent any unnecessary delay in the processing of your application, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A if the question or information was not applicable).
2. ALL required maps, drawings, lab analysis, and other reports are enclosed.
3. The appropriate person has signed the signatory page.
4. Forward the original and one copy of this application.

ANY APPLICATION THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. APPLICATION PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.

NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE APPLICATION BY THE WATER PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.

ATTACHMENT A – PETROLEUM REFINERIES ONLY

OUTFALL NUMBER

Throughput Rate

Feedstock (Crude Oil & NGL) Rate to Topping Unit(s): _____

Flow Rates (if applicable)

Ballast Flow (1,000 gals/day): _____

Contaminated Water to Treatment System (1,000 gals/day): _____

Stormwater Process Area (square feet): _____

Processes	Unit Process Rate in 1,000 bbls/day
Crude Process:	
Atmospheric Crude Distillation	
Crude Desalting	
Vacuum Crude Distillation	
Cracking and Coking Processes:	
Visbreaking	
Thermal Cracking	
Fluid Catalytic Cracking	
Moving Bed Catalytic Cracking	
Hydrocracking	
Delayed Coking	
Fluid Coking	
Hydrotreating*	
Lube Processes:	
Hydrofining, Hydrofinishing, Lube Hydrofinishing	
White Oil Manufacture	
Propane: Dewaxing, Deasphalting,Fractioning, Derinsing	
Duo Sol, Solvent Treating, Solvent Extraction Duotreating, Solvent Dewaxing, Solvent Deasphalt	
Lube Vacuum Tower, Oil Fractionation, Batch Still (Naphtha Strip), Bright Stock Treating	
Centrifuge & Chilling	
Dewaxing: MEK, Ketone, MEK-Toluene	
Deoiling (Wax)	
Naphthenic Lube Production	
SO2 Extraction	
Wax Pressing	
Wax Plant (with Neutral Separation)	
Furfural Extracting	
Clay Contacting - Percolation	
Wax Sweating	

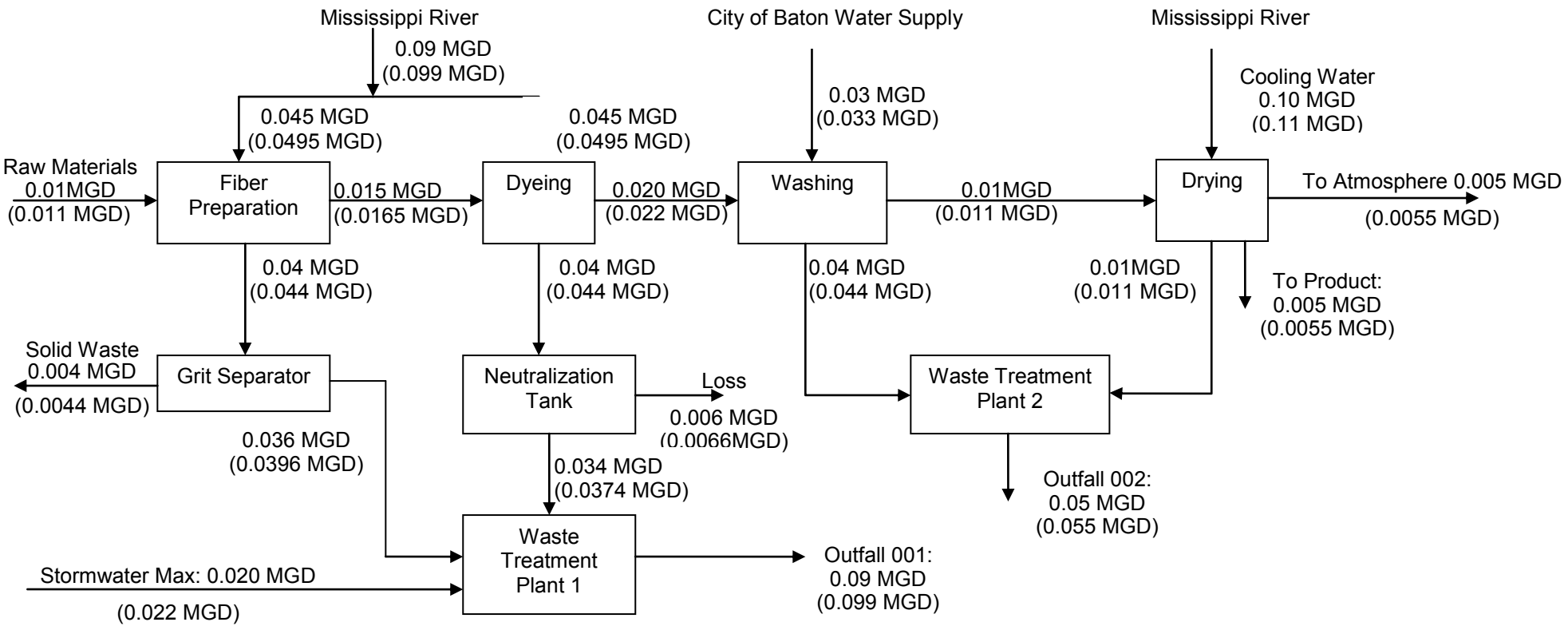
ATTACHMENT A – PETROLEUM REFINERIES ONLY

OUTFALL NUMBER

Processes	Unit Process Rate in 1,000 bbls/day
Acid Treating	
Phenol Extraction	
Asphalt Processes:	
Asphalt Production	
200 Deg. F Softening Point Unfluxed Asphalt*	
Asphalt Oxidizing	
Asphalt Emulsifying	
Reforming and Alkylation Processes:	
H2SO4 Alkylation*	
Catalytic Reforming*	

* These processes are not included in the refinery process configuration factor calculations.

ATTACHMENT B – BLOCK TYPE FLOW BALANCE EXAMPLE



Flow Legend:
Top number = Long Term Average (LTA)
Bottom Number (parentheses) = 30 Day Maximum